

Workforce Development Board of Western Missouri, Inc.

Exhibit 8

Job Point
(573) 474-8560

West Central Missouri
Community Action Agency
(660) 476-2185

SUPPORTIVE SERVICES

INDIVIDUAL MUST BE ACTIVE IN WIA TITLE I SERVICES AND UNABLE TO OBTAIN SUCH SUPPORTIVE SERVICES THROUGH OTHER PROGRAMS THAT PROVIDE SUCH SERVICES. THE PARTICIPANT'S FILE MUST CONTAIN DOCUMENTATION SUCH CRITERIA IS MET.

Participant's Name

Social Security No.

_____ Core _____ Intensive _____ Training (Check level of activity that Support will be paid)	Initial Eligibility Determination Amounts	* Change In Amounts	* Change In Amounts
NEEDS BASED PAYMENT TITLE I ADULTS (Daily amount of \$10.00/day or weekly amount of \$50.00 computed and based on daily attendance) Amount of Needs Based Payment (See criteria on reverse side.)	Date to Begin \$	Date to Begin \$	Date to Begin \$
SUPPORT SERVICES (TITLE I ADULTS, YOUTH, AND DISLOCATED WORKERS) Transportation (Only allowed for days of attended participation.) Rate of .25 per mile beginning at a distance of 1 mile and up to 50 miles round trip. Total mileage round trip: _____	\$	\$	\$
Child/Dependent Care (Only allowed for days of attended participation and if no other subsidized care is available.) (For children under age 12 and adults over age 65 or individuals who have disabling conditions that require care.) Rate of \$12.00/day not to exceed \$60.00/week per individual. A maximum of three individuals is allowed; not to exceed \$36.00/day or \$180.00/week for the maximum of three individuals. Number of children under age 12 from application: _____ Number of adults over 65 or individuals who have disabling conditions that require care from application: _____	\$	\$	\$
Job/Training Related Expenses (See below) Determined on an individual basis as it relates to job/training related expenses. _____ Uniform _____ Shoes, boots _____ Temporary shelter _____ Safety glasses _____ Meals away from home (based on attendance) _____ Other, define and be specific: _____ _____ _____	\$	\$	\$
Housing Must be pre-approved by authorized WDB staff. Normally will be limited to one-time payment.	\$	\$	\$

Participant Signature

Workforce Development Representative

Date

Date

* If change in the amounts occur, explain: _____



SUPPORTIVE SERVICES

Needs Based Payment Criteria, WIA Title I Adult

WIA Title I Adult Needs Based Payment determination will be based on eligibility documentation as follows:

- (1) Documented Current Public Assistance Recipient (General Assistance, Refugee Assistance, Supplemental Security Income, and/or TANF), **or**;
- (2) Documented Current Food Stamp Recipient, **or**;
- (3) Documented Current Income Eligible.

If eligibility is determined by (1) or (2) above, the Needs Based Payments will be the maximum amount available. If eligibility is determined by (3) above, the following formula must be used to determine the Needs Based Payment:

Using either **HHS** or **LLSIL** guideline for income (as used to determine eligibility initially), determine what percentage of that income is of the total and equate the total to the percentage and dollar figure indicated for Needs Based Payments.

Percentage		Maximum Needs Based Payments
100% - 90%	=	\$25.00
89% - 80%	=	\$30.00
79% - 70%	=	\$35.00
69% and under	=	\$40.00

Example: Family of 3 with income of \$6,338 for eligibility, \$10,060 income guideline for eligibility on HHS. \$6,338 divided by \$10,060 = 63% = eligible for \$40.00 per week. Needs Based Payment based on daily attendance.

Maximum Weekly Participant Support

Participant support will range up to \$300.00 weekly. Under no circumstances will the WIA Adult, Youth, or Dislocated Worker participant support exceed \$300.00 weekly without prior approval of the Workforce Development Board, including one-time training-related payments. Support payments are based on availability of funds.